Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company

Product Name: Workers compensation SERFF Tr Num: FARL-125247841 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-025642

Sub-TOI: 16.0004 Standard WC Co Tr Num: A-2007THOS-75LPM3 State Status:

Filing Type: Rule Co Status: Submitted Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Terry Hopkins Disposition Date: 08-02-2007

Date Submitted: 07-30-2007

Disposition Status: Approved

Effective Date Requested (New): 07-01-2007 Effective Date (New): 08-02-2007

General Information

Project Name: Code 2719 -- Logging or Tree Removal Status of Filing in Domicile: Not Filed

Project Number: A-2007THOs-75LPM3 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 08-02-2007

State Status Changed: 07-31-2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NCCI's revision to Basic Manual Classification Code 2719 -- Logging or Tree removal -- Certified mechanized Harvesting Exclusively. This code is applicable to all employers of forestry workers who have obtained the appropriate safety training certification from the Arkansas Timber Producers Association (ATPA). Revisions to code 2719 will clarify the proper classification when the ATPA certification lapses during the policy period.

Company and Contact

Filing Contact Information

Terry Hopkins, Filings Analyst thopkins@nationwide.com 1100 Locust Street (515) 508-3568 [Phone] Des Moines, IA 50391-3030 (515) 508-3694[FAX]

Filing Company Information

Farmland Mutual Insurance Company CoCode: 13838 State of Domicile: Iowa 1100 Locust Street Group Code: 140 Company Type: Mutual

Dept 3030

Des Moines, IA 50391-3030 Group Name: State ID Number:

(515) 508-3618 ext. [Phone] FEIN Number: 42-0618271

Nationwide Agribusiness Insurance Company

1100 Locust Street

Dept 3030

Des Moines, IA 50391-3030

(515) 508-3618 ext. [Phone]

CoCode: 28223

Group Code: 140

Group Name:

FEIN Number: 42-1015537

State of Domicile: Iowa

Company Type: Stock

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50.00 to adopt advisory rule revision.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Farmland Mutual Insurance Company \$50.00 07-30-2007 14844775

Nationwide Agribusiness Insurance Company \$0.00 07-30-2007

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 08-02-2007 | 08-02-2007 |

Disposition

Disposition Date: 08-02-2007 Effective Date (New): 08-02-2007

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensation filings in Arkansas are prior approval and cannot be approved retroactively.

Rate data does NOT apply to filing.

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---------------------------------------|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property | y &Approved | Yes |
| • | Casualty | | |
| Supporting Document | NAIC Loss Cost Filing Document for | Approved | Yes |
| 0 | Workers' Compensation | | |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved

Property & Casualty

Comments:

Attachment:

PC Transmittal.pdf

Review Status:

Approved 08-02-2007

08-02-2007

Bypassed -Name: NAIC Loss Cost Filing Document

for Workers' Compensation

Bypass Reason:

Bypassed -Name:

Comments:

N/A. Rule reivision only

NAIC loss cost data entry document

Bypass Reason: N/A. Rule revision only

Comments:

Review Status:

Approved 08-02-2007

Property & Casualty Transmittal Document (Revised 1/1/06)

| 1 . Reserved for Insurance Dept. Use Only | | | 2. Insurance Department Use only | | | | | | |
|--|--|---|--|--|-------------------------------------|--|----------------------------------|------|------------------------|
| , | | | | a. Date the filing is received: | | | | | |
| | | | | b. Analyst: | | | | | |
| | | | | c. Disposition: | | | | | |
| | | | | d. Date of disposition of the filing: | | | | | |
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| Э. | Nationwide | | | | | | | | 40 |
| | | | | | I = | | | 1 | |
| 4. | Company Name(s) | | | | Don | nicile | NAIC # | | FEIN# |
| | Nationwide Agribusiness Insur | | any | | IA | | 28223 | | 42-1015537 |
| | Farmland Mutual Insurance Co | ompany | | | IA | | 13838 | | 42-0618271 |
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| 5. Company Tracking Number A-2007THOS-75LPM3 | | | | | | | | | |
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PC TD-1 pg 1 of 2 **F777** (Ed. 1-06) **UNIFORM**

Property & Casualty Transmittal Document—

| 20 Thi | s filing transmittal is part of Company | v Tracking # | A-2007THOS-75LPM3 | |
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

| NCCI's revision to Basic Manual Classification Code 2719 Logging or Tree remova Exclusively. This code is applicable to all employers of forestry workers who have obtained to the control of the code is applicable to all employers of forestry workers who have obtained to the code is applicable to all employers of forestry workers who have obtained to the code is applicable to all employers of forestry workers who have obtained to the code is applicable to all employers of forestry workers who have obtained to the code is applicable to all employers of forestry workers who have obtained to the code is applicable to all employers of forestry workers who have obtained to the code is applicable to all employers of forestry workers who have obtained to the code is applicable to the code is | |
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| certification from the Arkansas Timber Producers Association (ATPA). Revisions to code 2 | |
| when the ATPA certification lapses during the policy period | |
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22. Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: Sent by EFT Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)